

**FOR OFFICE USE ONLY**

**CUSTOMER #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS:**

|  |  |
| --- | --- |
| * Enrollment form must be completed in its entirety and one (1) form of payment selected or processing time will be delayed. * Name entry and date is required. | **PLEASE FORWARD COMPLETED ENROLLMENT FORM TO:**    LifePerks for Health  Attention: Enrollment  P.O. Box 160908  Austin, TX 78716  Email: [enrollment@lifeperksforhealth.com](mailto:enrollment@lifeperksforhealth.com)  Fax: 1(800) 643-6108 |

**A. SUBSCRIBER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | | |
| Address (Include Apt #) | City | State | Zip Code | County |
| Home Telephone (Include Area Code) | Cell Phone Number (Include Area Code) | E-Mail Address | | MALE:  FEMALE: |
| Last Four Digits of Social Security # | Date of Birth (MM/DD/YYYY)    /  / | SINGLE:  MARRIED: | | |

**B. PLAN SELECTION**

|  |  |
| --- | --- |
| **Monthly**  **Semi-Annual**   **Annual**  **Telemedicine Advantage (Telemedicine, Dental, Vision, RX, Hearing, Counseling)**  **Individual $35 PM / $468 ANNUAL**  **Couple/One Dependent $44 PM / $552 ANNUAL**  **Family $55 PM / $660 ANNUAL**  **Telemedicine Select (Telemedicine, Lab Work, RX, Counseling)**  **Individual $19 PM / $312 ANNUAL**  **Couple/One Dependent $22 PM / $348 ANNUAL**  **Family $26 PM / $384 ANNAUL**  **Dental Vision Advantage (Dental, Vision, RX, Hearing, Counseling)**  **Individual $16 PM / $192 ANNUAL**  **Couple/One Dependent $22 PM / $264 ANNUAL**  **Family $29 PM / $348 ANNUAL**  **Dental Plus (Dental, RX, Hearing, Counseling)**  **Individual $14 PM / $168 ANNUAL**  **Couple/One Dependent $18 PM / $216 ANNUAL**  **Family $24 PM / $288 ANNUAL**  **Vision Plus (Vision, RX, Hearing, Counseling)**  **Individual $11 PM / $132 ANNUAL**  **Couple/One Dependent $14 PM / $168 ANNUAL**  **Family $17 PM / $204 ANNUAL** | **(Enter premium amount below)**        **PLAN SELECTION: $**      **ONE TIME ENROLLMENT: + $ 25**      **TOTAL PAYMENT: $** |

**C. FAMILY MEMBER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | M.I. | Date of Birth (MM/DD/YY) | Sex (M/F) | Spouse(SP) or Dependent(DP) |
|  |  |  | /  / |  |  |
|  |  |  | /  / |  |  |
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|  |  |  | /  / |  |  |

**D. EMPLOYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Position | Telephone (Include EXT #) | | |
| Address | City | State | Zip Code | County |
| Email | | | | |

**E. PAYMENT METHOD**

**Bank Draft**

|  |  |
| --- | --- |
| Name on Account: | Name of Bank: |
| Routing Number: | Checking Account Number: |

**w Credit Card**

|  |  |
| --- | --- |
| Type of Card:  Visa  Mastercard  AMEX | Name on Card: |
| Card Number: | CID Number: |
| Billing Address: | City: |
| Expiration Date:       /      Month/Year | Zip Code: |

**Payroll Deduction**

|  |  |  |
| --- | --- | --- |
| Name of Group: | Contact: | Phone: |
| Billing Address: | City: | State: Zip Code: |

**G. AUTHORIZATION**

|  |
| --- |
| By entering your name in the two following fields you agree to the Authorization as stated below.  My account(s) at the institution named has sufficient funds to pay all debits and charge credits. LifePerks shall initiate electronic debit, charge, or credit entries to pay premiums/charges for authorized programs, and the entries are my transaction receipt. There is no payment to LifePerks until LifePerks receives full and financial credit for the payment. I understand that corrections to the entries may involve an account adjustment, and that my direct electronic payment of LifePerks premium will be debited/charged on or about the premium due date each month. No bill will be issued. I understand that by signing my name below and with my enrollment form signature I am accepting the terms of the Automatic Monthly Account Withdrawals Agreement.  By entering my name in the two following fields or by signing below I agree to the Authorization as stated. LifePerks reserves the right to refuse/terminate electronic payment services at any time.  Enter Name Below  **X:**       **X:**       **DATE:****/   /** |

**F. SALES REPRESENTATIVE**

|  |  |  |
| --- | --- | --- |
| Name | Agent ID | Signature of Sales Representative |

**H. MEMBER’S ACKNOWLEDGMENT**

Disclosure: This plan is NOT insurance. The plan provides discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for services will vary depending on the type of provider and the services received. This plan is administered by LifePerks Benefits Network, a discount medical plan organization at PO Box 160908, Austin, Texas 78716 Phone: 1(800) 643-6108. You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.

**Member’s Acknowledgment**